	PARISH:_				<u></u>	
Tax ID No.: ID Type: I Individual I Business Common Namet		*Last or Business Name: *Address:		First 1	First Name and Middle Initial *City State Zip:	
				*City		
Phone Number(s):	Work -	<u> </u>	Mobile -		E-Mail Address:	
*Gender:	-	*Gender Det	ermination			
□ Male □ Female		☐ Customer Declared ☐ Employee Observed				
Date of Birth:		Birth Date Determination: Customer Declared		O Emp	☐ Employee Observed	
*Citizenship Country:		Veteran:		Recei	Receive Mail: Yes No	
Limited Resource Producer:		Resident Alien:			Marital Status:	
*Voting District:		*Language Professore:			*Employee Type:	
Ethnicity: Hispanic or Lating		Bthnicity Determination: Customer Declared				
*Race (check all that a	pply):	*Race	Determination:			
D Black or African Ame	rican		Customer Declared		☐ Employee Observed	
D White American Indian or A Hawaiian Native of E Asian		der				
☐ Ethnicity Declared		Disability Determination:			☐ Employee Observed	
			The March	W A		
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Additional Information		3	**	59		
*Signature of Customers		· PERSONAL PROPERTY OF THE PERSONAL PROPERTY O	ego? Seight 1 1 130er	Windson.	PROBLEM TO A TOTAL CONTROL	